

Santa Rosa County Sheriff's Office



Santa Rosa County Sheriff's Office

Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint: 11-01-17

Incident #:

Reference Complaint #: 17-011139

Deputy Taking Complaint: Sgt. Jackson ID #: 660

Complainant: Shannon Kay Beasley
First Middle Last
Address: 4112 Cotton Rd Pace FL 32571
Street City State Zip Code

Home Phone: 856-341-2260 Work Phone: _____ Cell Phone: _____

Date and time incident occurred: 11-1-17

Location/Address of occurrence: 6957 TruRd South

Employee(s) involved in allegation(s): _____

Witness: _____
Name Street Address City/State Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): I went to Lori Potters house to pick up my son to take to doctor and for work tomorrow! told Lori I was coming Lori did not tell me to come! got to Lori's house and Lori opened door and screen doors house to come in to talk to my son is deaf when in house. Matthew Stark to yelp next thing Lori's mom came up to me shured me at door not going me to get out of house. then I she pulled door on my arm causing a bruise and scrape from arm. the office come out sick she say I did could be care.

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Findings: SEE ATTACHED MEMO

Actions Taken:

Final Clearance:

<input type="checkbox"/>	Exonerated	Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault.
<input type="checkbox"/>	Sustained	(Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.
<input type="checkbox"/>	Not Sustained	The investigation discloses insufficient evidence to clearly prove or disprove the allegation.
<input type="checkbox"/>	Unfounded	The investigation revealed sufficient facts to indicate that the incident did not occur.
<input type="checkbox"/>	Partially Sustained	The incident has two or more allegations, and at least one of the allegations is sustained.
<input type="checkbox"/>	Violation not based on original Complaint	Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date: _____ By: _____

Comments: _____

Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: Shawn K Basly Norn

Sworn to and subscribed before me this 01 day of Nov, 20 17

Witness: B. J. Norn
(Per F.S.S. 117.10)